#### STATE OF NEW HAMPSHIRE

#### 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

#### **RECEIVED**

JAN 29 2019

**NEW HAMPSHIRE** 

PLEASE PRINT

I. Name of Lobbyist(s) Cate Paolino		·	NEW HAMPSHIRE DEPARTMENT OF ST	
II. Name of lobbyist's partnership.				
National Association of	Mutual insurance Compan	ies (NAMIC)		
(Name of partnership	o, firm or corporation)			
3601 Vincennes Road	Indianapolis	IN	46268	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(508) 431-0484	_ ( )	e-mail_lobbying@	@aristolle.com	
(Telephone)	(Fax)			
III. This statement covers: (Choose			may file a separate report for	
eportable expense transactions w	hich are not attributable to any	one client).		
All reportable transactions occur	ring in the months prior to the rer	orting date relative to	the following client:	
			the following ellent.	
	utual insurance Companies (I	<u> </u>		
(Full Name of OR	Client as it appears on the Lobbyist	kegistration Form)		
All reportable transactions by the	lobbyist (including the lobbyist's	family), or the lobbyi	ng firm listed below which are	
unrelated to any particular elient.				
IV. Date of Report April 25, 20 Reports cover: activity from date of		July 25, 2018	I R	
October 31,		January 30, 2019	_	
activity from 7/		ivity from 10/1/18 to 12/3		
V. There have been no fees received this box is checked, complete just to Concord, NH 03301.  VI. Check if additional reports are lifty you have received fees or made lifty you have paid an honorarium expense Reimbursement.  If you, your firm, or your family	his form and submit it to the Secretarian attached: se expenditures, you must file Ador reimbursed expenses, you mus	etary of State's Office, dendum A– Fecs and t file Addendum B– F	State House, Room 204,  Expenses Report of Honorariums or	
Sworn Statement/Affirmation by I I have read RSA 15, RSA 15-B, RSA and complete to the best of my know Signature of lobbyist)  Cate Paolino  (Print Name of lobbyist)	14-C and RSA 664 and hereby s	swear or affirm that the $\frac{1}{2}\sqrt{\frac{2}{12}}$	e foregoing information is true	

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."					
(If more than three contributions were made, report additional contributions on separate addendum C forms.)					
Sworn Statement/Affirmation by Lobbyist					
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.					
(Signature of lobbyist) 1/20/19 (Date)					
Cate Paolino					
(Print Name of lobbyist)					

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#### STATE OF NEW HAMPSHIRE

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(RSA Chapter 15:6)

I. Name of Lobbyist(s) Cate Paolino	· · · · · · · · · · · · · · · · · · ·
II. Name of lobbyist's partnership, firm or corporation, if any:	
National Association of Mutual insurance Companies (NAMIC)	
(Name of partnership, firm or corporation)	
III. Name of Client	<sub>Datc</sub> 1/23/2019
IV. Fees Received Indicate the gross amount of all fees received from the clicnt identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$3035.11
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ 9617.56 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$12652.67
<ul> <li>Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reffees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report a Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business ess than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 fo ue of greater than \$25, purchase of a er than \$25, but not greater than \$50 , expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ 14.70
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 119.90

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$553.83
f) Total of all expenses year to date	f) \$688.43
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	lobbying fees during this repo
Paid to:	Amount:
Personal car mileage	<b>\$</b> _119.90
	\$
	\$
	\$\$
	\$
	\$
	••••••
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affin	m that the foregoing inform
is true and complete to the best of my knowledge and belief.	in that the folegoing infort
is true and complete to the best of my knowledge and benef.	
	/ /
Madino.	1/48/19
(Signature of lobbyist)	//48/19 (Date)

#### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

### Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Iame of Lobbying partnership, firm, or corporation:  National Association of Mutual insurance Companies (NAMIC)  Iame of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any articular client):
ate of Report (check one):
April 25, 2018
have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and ne following Addendums submitted with that Statement (insert the number of Addendum forms being abmitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and emplete to the best of my knowledge and belief.
Signature of lobbyist)  //28/19 (Date)
signature of foodysst) (Date)
Cate Paolino
Print Name of lobbyist)



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#### STATE OF NEW HAMPSHIRE

#### Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)			
II. Name of lobbyist's p	artnership, firm or cor	poration, if any:	
• •	utual Insurance Companies	•	
	partnership, firm or corporation)	(10 11110)	
III Name of Client Nation	al Association of Mutual Ins	surance Companies (NAI	MIC) Date 1/23/2019
III, Ivalite of Cheft			, Date
Political Contributions		DG + G1	
client/lobbyist and lobby			ter 664 paid on behalf of the
	ing ining indicate the re-	no wing.	
	Bradley	A . b	
Full name of candidate:	(Last Name)	Jeb (First Name)	(Middle Name/Initial)
	,	,	
Amount of contribution \$ _	250	Office Candidate is	Seeking <u>Senate</u>
Full name of candidate:	Innis	Dan	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	,	(First Name) Office Candidate is	•
If the contribution is an in-	kind contribution, provide contribution on the line above	Office Candidate is	Seeking Senate s or scrviccs provided, and enter the
If the contribution is an in- actual cost of the in-kind co	kind contribution, provide contribution on the line above	Office Candidate is	Seeking Senate s or scrviccs provided, and enter the
If the contribution is an in- actual cost of the in-kind co	kind contribution, provide contribution on the line above	Office Candidate is	Seeking Senate s or scrviccs provided, and enter the
If the contribution is an in- actual cost of the in-kind co	kind contribution, provide contribution on the line above	Office Candidate is	Seeking Senate s or scrviccs provided, and enter the
If the contribution is an in- actual cost of the in-kind co	kind contribution, provide contribution on the line above	Office Candidate is	Seeking Senate s or scrviccs provided, and enter the
If the contribution is an in- actual cost of the in-kind co enter an estimated value an	kind contribution, provide contribution on the line above	Office Candidate is	Seeking Senate
If the contribution is an in- actual cost of the in-kind co	kind contribution, provide contribution on the line above	Office Candidate is	Seeking Senate s or scrviccs provided, and enter the